State of South Dakota

* 0 0 0 0 0

Candidate's or Committee's Report of Receipts and Expenditu.

	res: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070	FEB 0 2 2004
	or specific instructions on completing this report.	FEB 0 2 2004 S.D. SEC. OF STATE
Name of Candidate or Committee	MARSHALL COUNTY DEMOCRATS	
Complete Mailing Address	P.O. BOX 1077 BRITTON, S.D. 57430	· · · · · · · · · · · · · · · · · · ·
Name of Person Making Report _NELVA	KRISTOFFERSON Daytime Phone Number 6	05-448-2763
If you are a candidate, what office are you	seeking?	
If you are a ballot question committee, ind reporting period and whether the measure	icate which measure(s) the committee was involved was supported or opposed.	with during the
Type of Report (See pages 4 & 5 of Guide	line Book)	
For Reporting Period Ending (See pages 4	& 5 of Guideline Book)	
The following verification must be compl VERIFICATION OF PERSON MAKING		
er en 	(print name legibly), certify that I l	
	e and belief it is true, correct and complete.	iave examined
Date: 1-28-04	Candidate Signature or Signature of Committee Treasurer or Chairperson	
Revised July 2001	Filed this 2nd Chi Nelson SECRETARY OF STAN	_day of

Name of Candidate or Com	mitteeMARSHALL CO	OUNTY DEMOCRATS	
For the reporting period en	ding 12-31-03		
combine all contributions of \$100 contributions on their respective lir year from an individual or political amount, name, address and place o itemization. This schedule may be	Schedule A – Direct C all direct contributions. You must keep or less from individuals and the same from the selow and on the next page. Any comparty and all contributions from PAC's femployment (if applicable) of the conduplicated if you need more space, or you	a record of all contributors, but for to om political parties and enter these so ntribution of more than \$100 or aggress smust be entered as a separate item (tributor. Each type of contributor has	ums as unitemized egate during a calendar itemized) giving the stheir own section for aper.
Unitemized Contributions from I Itemized Contributions from Ind			*\$
Name	Residence Address	Place of Employment (Name of Employer)	, and the second
Name	Residence Address	(Name of Employer)	1 .
			\$
			\$
			\$
			\$
			1 6
			f
		· · · · · · · · · · · · · · · · · · ·	5
			\$
			\$
			\$
			*
			\$
			\$
] \$
			\$
		<u> </u>	s
			ļ <u> </u>
			\$
			\$
•			\$
			1 s
		<u> </u>	•
			[*]
			\$
			
			\$
			•
	 		
	<u> </u>		3
			\$
			\$
			\$
			1 -
			³
			\$ <u> </u>
			\$
			s
			1 -
	<u>*************************************</u>	, , , , , , , , , , , , , , , , , , ,	ļ ³ ————
] \$ <u> </u>
Total of Itemized Contributions	from Individuals:		*\$

Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the namontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Fotal: O Schedule D - Other Income Jose this schedule to report any refunds, interest earned or other income which is not a direct contribution. Source of Income Amount	Name of Candidate or Committee:	MARSHALL COUNTY DEMOCRATS	<u> </u>
Schedule B - Fund-Raising Events Proceeds ist on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. It ontributor gives more than \$100 in the calendar year, the ontributions must be itemized on Schedule A. Spe or Name of Event Net Proceeds Net Proceeds Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the namontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Schedule D - Other Income Joe this schedule to report any refunds, interest earned or other income which is not a direct contribution. Source of Income Amount	For the reporting period ending:	31-03	
Cotal: Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Name, Residence Address & Place of Employment Place of Employment Estimated Value Fotal: Schedule D - Other Income Just this schedule to report any refunds, interest carned or other income which is not a direct contribution. Source of Income Amount	Schedule B List on this schedule fund-raising events held to rais	- Fund-Raising Events Proceeds e money for the candidate and the net proceeds de	
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Fotal: O Schedule D - Other Income Journel of Income Amount Amount	Type or Name of Event		Net Proceeds
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Fotal: O Schedule D - Other Income Journel of Income Amount Amount			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Fotal: O Schedule D - Other Income Journel of Income Amount Amount		· · · · · · · · · · · · · · · · · · ·	
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Fotal: O Schedule D - Other Income Journel of Income Amount Amount			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Fotal: O Schedule D - Other Income Journel of Income Amount Amount			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Fotal: O Schedule D - Other Income Journel of Income Amount Amount			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Name, Residence Address & Place of Employment Estimated Value	Total:		0
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution. Amount	Nature of Non-Cash Contribution		Estimated Value
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution. Amount			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution. Amount		· · · · · · · · · · · · · · · · · · ·	
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution. Amount			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution. Amount			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution. Amount			
Jse this schedule to report any refunds, interest earned or other income which is not a direct contribution. Source of Income Amount	Total:		0
			ion.
	Source of Income		Amount
		 	
	Total:		

Party Name Address Address	\$ \$
emized Contributions from Political Parties Party Name Address Party Name Address Otal of Itemized Contributions from Political Parties: Pemized Contributions from Political Parties: Party Name Address Address Party Name Address PAC Name Address	
Party Name Address Party Name Address Otal of Itemized Contributions from Political Parties: Pernized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be in PAC Name Address	
Party Name Address Otal of Itemized Contributions from Political Parties: Particular Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be in PAC Name Address	\$
otal of Itemized Contributions from Political Parties: emized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be in PAC Name Address	\$
otal of Itemized Contributions from Political Parties: emized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be in PAC Name Address	\$
emized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be it PAC Name Address	
emized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be it PAC Name Address	
emized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be it PAC Name Address	
emized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be it PAC Name Address	
emized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be it PAC Name Address	\$
PAC Name Address	\$
PAC Name Address	
	emized.
	¢
	\$ \$
	\$ \$
	\$
	\$ <u></u>
	\$
	\$
	\$
	\$
	\$
	•
	\$
	\$ \$
	\$
	\$
	\$
·	\$
	<u> </u>
	Ψ <u> </u>
	\$
	\$ \$
	\$ \$
	\$ \$ \$
obal of Itamirad Castellautiana from Political Action Committees	\$ \$ \$ \$
otal of Itemized Contributions from Political Action Committees:	\$ \$ \$ \$ \$ \$

Name of Candidate or Committee:_	VARGUATI GOTTUM PEMOOPANG
For the reporting period ending:	12-31-03
	Schedule F Evnenditures

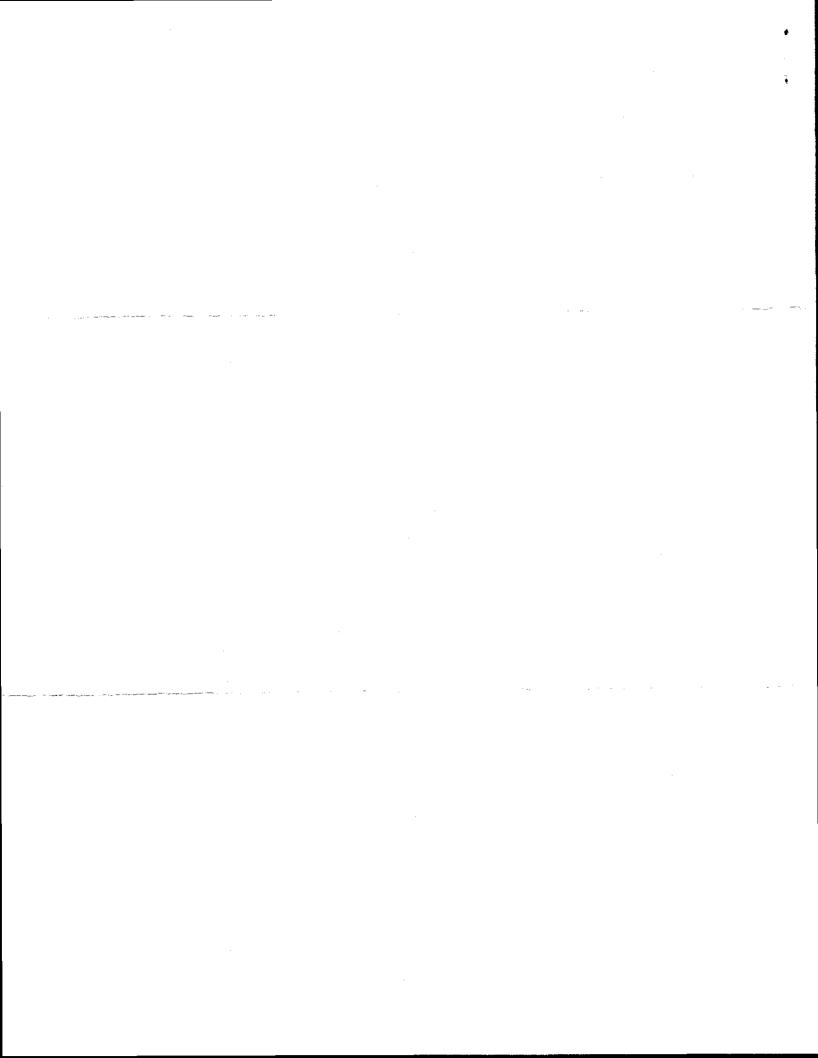
Schedule E – Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

tem Advertising Consulting Postage	Amount	Name of Candidate or Committee	Amount
Consulting		1	
Printing	· · · · · · · · · · · · · · · · · · ·		
Rent	· · · · · · · · · · · · · · · · · · ·		
Salaries	A Committee of Section 1995		
l'elephone			
Travel			
<u>Utilities</u>			
List other expense	List other expense		
tems below	amounts below		
	·····		
			
<u> </u>			
	······································		
	· -		
			
Total Expenditures:		<u> </u>	0

	Calcadala D. Dallaca at O. V.	- 4			
Schedule F - Debts and Obligations his schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a					
as been contracted but not billed, estimate the amount of the obligation.					
ved to:	Purpose:	Amount			
		· · · · · · · · · · · · · · · · · · ·			
<u> </u>	<u> </u>				
· · · · · · · · · · · · · · · · · · ·					
	·				
<u> </u>					

Na	me of Candidate or Committee:	MARSHALL COUNTY DEMOCRATS	
Fo	r the reporting period ending:	12-31-03	
	s summary sheet will give a brief outline of all c n the schedules previously completed.	Summary Page ampaign finance activity during this reporting p	period. Please transfer all totals
1.	Amount on hand, if any, at the beginning	ng of the reporting period:	\$_2.46
2.	Receipts		
	Schedule A - Direct Contributions	\$ <u></u>	
	Schedule B - Fund-Raising Events	\$	
	Schedule C - In Kind Contributions	\$	
	Schedule D - Other Income	\$	
	Total of all Receipts	\$	
3.	Total Monetary Receipts (A+B+D)		\$
4.	Candidate's Personal Contribution to C	wn Campaign	\$
5.	Monetary Loans to Candidate or Comr	nittee During Reporting Period	\$
6.	Monetary Loans Repaid During Repor	ting Period	\$
7.	Expenditures - Schedule E		\$
8.	Unpaid Obligations - Schedule F	\$	
9.	Amount on hand at the close of this rep This should equal lines (1+3+4+5) – (6		\$ <u>2.46</u>



State of South Dakota

* 0 0 0 0 0

Candidate's or Committee's Report of Receipts and Expenditu.

	res: File with Elections Department, Secretary of State's Office, 500 E Capitol Ave., Pierre, SD 57501-5070	FEB 0 2 2004
	or specific instructions on completing this report.	FEB 0 2 2004 S.D. SEC. OF STATE
Name of Candidate or Committee	MARSHALL COUNTY DEMOCRATS	
Complete Mailing Address	P.O. BOX 1077 BRITTON, S.D. 57430	· · · · · · · · · · · · · · · · · · ·
Name of Person Making Report _NELVA	KRISTOFFERSON Daytime Phone Number 6	05-448-2763
If you are a candidate, what office are you	seeking?	
If you are a ballot question committee, ind reporting period and whether the measure	icate which measure(s) the committee was involved was supported or opposed.	with during the
Type of Report (See pages 4 & 5 of Guide	line Book)	
For Reporting Period Ending (See pages 4	& 5 of Guideline Book)	
The following verification must be compl VERIFICATION OF PERSON MAKING		
er en 	(print name legibly), certify that I l	
	e and belief it is true, correct and complete.	iave examined
Date: 1-28-04	Candidate Signature or Signature of Committee Treasurer or Chairperson	
Revised July 2001	Filed this 2nd Chi Nelson SECRETARY OF STAN	_day of

Name of Candidate or Com	mitteeMARSHALL CO	OUNTY DEMOCRATS	
For the reporting period en	ding 12-31-03		
combine all contributions of \$100 contributions on their respective lir year from an individual or political amount, name, address and place o itemization. This schedule may be	Schedule A – Direct C all direct contributions. You must keep or less from individuals and the same from the selow and on the next page. Any comparty and all contributions from PAC's femployment (if applicable) of the conduplicated if you need more space, or you	a record of all contributors, but for to om political parties and enter these so ntribution of more than \$100 or aggress smust be entered as a separate item (tributor. Each type of contributor has	ums as unitemized egate during a calendar itemized) giving the stheir own section for aper.
Unitemized Contributions from I Itemized Contributions from Ind			*\$
Name	Residence Address	Place of Employment (Name of Employer)	, and the second
Name	Residence Address	(Name of Employer)	1 .
			\$
			\$
			\$
			\$
			1 6
			f
		· · · · · · · · · · · · · · · · · · ·	5
			\$
			\$
			\$
			*
			\$
			\$
] \$
			\$
		<u> </u>	s
			ļ <u> </u>
			\$
			\$
•			\$
			1 s
		<u> </u>	•
			[*]
			\$
			
			\$
			•
	 		
	<u> </u>		3
			\$
			\$
			\$
			1 -
			³
			\$ <u> </u>
			\$
			s
			1 -
	<u>*************************************</u>	, , , , , , , , , , , , , , , , , , ,	ļ ³ ————
] \$ <u> </u>
Total of Itemized Contributions	from Individuals:		*\$

Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the namontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Fotal: O Schedule D - Other Income Jose this schedule to report any refunds, interest earned or other income which is not a direct contribution. Source of Income Amount	Name of Candidate or Committee:	MARSHALL COUNTY DEMOCRATS	<u> </u>
Schedule B - Fund-Raising Events Proceeds ist on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. It ontributor gives more than \$100 in the calendar year, the ontributions must be itemized on Schedule A. Spe or Name of Event Net Proceeds Net Proceeds Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the namontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Schedule D - Other Income Joe this schedule to report any refunds, interest earned or other income which is not a direct contribution. Source of Income Amount	For the reporting period ending:	31-03	
Cotal: Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Name, Residence Address & Place of Employment Place of Employment Estimated Value Fotal: Schedule D - Other Income Just this schedule to report any refunds, interest carned or other income which is not a direct contribution. Source of Income Amount	Schedule B List on this schedule fund-raising events held to rais	- Fund-Raising Events Proceeds e money for the candidate and the net proceeds de	
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Fotal: O Schedule D - Other Income Journel of Income Amount Amount	Type or Name of Event		Net Proceeds
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Fotal: O Schedule D - Other Income Journel of Income Amount Amount			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Fotal: O Schedule D - Other Income Journel of Income Amount Amount		· · · · · · · · · · · · · · · · · · ·	
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Fotal: O Schedule D - Other Income Journel of Income Amount Amount			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Fotal: O Schedule D - Other Income Journel of Income Amount Amount			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Nature of Non-Cash Contribution Name, Residence Address & Place of Employment Estimated Value Fotal: O Schedule D - Other Income Journel of Income Amount Amount			
Schedule C - In Kind Contributions Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name ontributor, residence address and place of employment must be reported. Name, Residence Address & Place of Employment Estimated Value	Total:		0
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution. Amount	Nature of Non-Cash Contribution		Estimated Value
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution. Amount			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution. Amount		· · · · · · · · · · · · · · · · · · ·	
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution. Amount			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution. Amount			
Schedule D - Other Income Use this schedule to report any refunds, interest earned or other income which is not a direct contribution. Amount			
Jse this schedule to report any refunds, interest earned or other income which is not a direct contribution. Source of Income Amount	Total:		0
			ion.
	Source of Income		Amount
		 	
	Total:		

Party Name Address Address	\$ \$
emized Contributions from Political Parties Party Name Address Party Name Address Otal of Itemized Contributions from Political Parties: Pemized Contributions from Political Parties: Party Name Address Address Party Name Address PAC Name Address	
Party Name Address Party Name Address Otal of Itemized Contributions from Political Parties: Pernized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be in PAC Name Address	
Party Name Address Otal of Itemized Contributions from Political Parties: Particular Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be in PAC Name Address	\$
otal of Itemized Contributions from Political Parties: emized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be in PAC Name Address	\$
otal of Itemized Contributions from Political Parties: emized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be in PAC Name Address	\$
emized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be it PAC Name Address	
emized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be it PAC Name Address	
emized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be it PAC Name Address	
emized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be it PAC Name Address	
emized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be it PAC Name Address	\$
PAC Name Address	\$
PAC Name Address	
	emized.
	¢
	\$ \$
	\$ \$
	\$
	\$ <u></u>
	\$
	\$
	\$
	\$
	\$
	•
	\$
	\$ \$
	\$
	\$
	\$
·	\$
	<u> </u>
	Ψ <u> </u>
	\$
	\$ \$
	\$ \$
	\$ \$ \$
obal of Itamirad Castellautiana from Political Action Committees	\$ \$ \$ \$
otal of Itemized Contributions from Political Action Committees:	\$ \$ \$ \$ \$ \$

Name of Candidate or Committee:	MARSHALL COUNTY DEMOCRATS					
For the reporting period ending: 12-31-03						
Caladala E Dana and Marine						

Schedule E – Expenditures

This schedule is to report all expenditures relating to a candidate's campaign. Line items have been provided for reporting common expenses. All other expenses should be listed. All contributions to candidates and committees must be listed individually.

Expenses		Contributions Made to Candidates a	,
tem	Amount	Name of Candidate or Committee	Amount
dvertising			
Consulting			
ostage			
Printing			
Rent			
alaries	The state of the s		
Telephone			
ravel			
J tilities	<u> </u>		
ist other expense	List other expense		
tems below	amounts below		
	<u> </u>		
			-
 		<u> </u>	
			· · · · · · · · · · · · · · · · · · ·
			····
	<u> </u>		
and the second second			
· · · · · · · · · · · · · · · · · · ·			
Total Expenditures:			0

	Cabadula D. Dalas and O. W.	4 °				
Schedule F - Debts and Obligations This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a last been contracted but not billed, estimate the amount of the obligation.						
		1.				
ved to:	Purpose:	Amount				
· · · · · · · · · · · · · · · · · · ·						
		·				
		.				
-						
	· · · · · · · · · · · · · · · · · · ·					
<u> </u>						

Na	me of Candidate or Committee:	MARSHALL COUNTY DEMOCRATS	
Foi	the reporting period ending:	12-31-03	
	s summary sheet will give a brief outline of all c n the schedules previously completed.	Summary Page ampaign finance activity during this reporting p	eriod. Please transfer all totals
1.	Amount on hand, if any, at the beginning	Amount on hand, if any, at the beginning of the reporting period:	
2.	Receipts		
	Schedule A - Direct Contributions	\$	
	Schedule B - Fund-Raising Events	\$	
	Schedule C - In Kind Contributions	\$	
	Schedule D - Other Income	\$	
	Total of all Receipts	\$	
3.	Total Monetary Receipts (A+B+D)		\$
4.	Candidate's Personal Contribution to O	\$	
5.	Monetary Loans to Candidate or Comm	\$	
6.	Monetary Loans Repaid During Report	\$	
7.	Expenditures - Schedule E		\$
8.	Unpaid Obligations - Schedule F	\$	
9. Amount on hand at the close of this reporting period. * This should equal lines (1+3+4+5) – (6+7)		\$2.46	

